

## MISSOURI DEPARTMENT OF REVENUE **CERTIFICATION OF RENT PAID FOR 2001**

2001 **FORM** MO-CRP Read instructions.Print or type.

1. SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER				ARE YOU RELATED TO YOUR LANDLORD? ☐ YES ☐ NO IF YES, EXPLAIN.					
2. NAME	ADDRESS OF REM	ITAL UNIT <b>(DO NOT LIST</b> I	P.O. BOX)	3. LANDLORE	D'S NAME, SC	CIAL SECURIT	Y NO.				
CITY, STATE, AND ZIP CODE				ADDRESS, CI	TY, STATE, A	ND ZIP CODE					
4. HOW MANY PEOPLE, <b>OT</b> RESIDE AT THIS ADDRES	HER THAN YOU AND YOUR SS AND ARE AGE 18 OR OLD		),	5. LANDLORI	O'S PHONE N	UMBER					
6. RENTAL PERIOD DURING YEAR	FROM: MONTH	DAY	_	YEAR <b>2001</b>	TO:	MONTH	_	DAY	_	YEAR <b>2001</b>	
7. Enter your gross ren copies of cancelled	t paid. Attach copies o I checks (front and bac							7		00	
	te box and enter the cor IT, HOUSE, MOBILE HO HOME / RESIDENTIAL	OME, MOBILE HOME			00%						
C. SKILLED OF	R INTERMEDIATE CAR	E NURSING HOME -	<b>– 45%</b>								
D. HOTEL If me	eals are included, enter	— <b>50%</b> ; Otherwise, 6	enter — <b>10</b>	0%							
E. LOW INCOM	ME HOUSING — 100%	(Rent cannot exceed	1 30% of to	tal househol	d income.)						
	ESIDENCE — If you sha under 18), enter the app	•			•			8		%	
<ol><li>Net rent paid. Multip FORM MO-PTS, LIN</li></ol>	oly Line 7 by the percent IE 12 OR FORM MO-P1	•						9		00	

MO 860-1089 (11-2001)

MISSOURI DEPARTMENT OF CERTIFICATION OF RE	_		200' FORM <b>MO-C</b>	Л	Read instruction     Print or type.	ns.	
SOCIAL SECURITY NUMBER     SPOUSE'S SOCIAL SECURITY NUMBER			MBER ARE YOU RELATED TO YOUR LANDLORD? YES NO IF YES, EXPLAIN.				RD? YES NO
2. NAME ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX) 3. LANDLORD'S NAME, SOCIAL SECURITY NO.							
CITY, STATE, AND ZIP CODE  ADDRESS, CITY, STATE, AND ZIP CODE							
4. HOW MANY PEOPLE, OTHER THAN YOU AND YOUR SPOUSE (IF APPLICABLE), RESIDE AT THIS ADDRESS AND ARE AGE 18 OR OLDER? (SEE 8F BELOW.)  5. LANDLORD'S PHONE NUMBER							
6. RENTAL PERIOD FROM: MONTH DURING YEAR	DAY		D <b>01</b>	ГО:	MONTH		— YEAR <b>2001</b>
7. Enter your gross rent paid. Attach copies of your rent receipt(s) or copies of cancelled checks (front and back) for rent paid.						7	00
Check the appropriate box and enter the corresponding percentage on Line 8.							
☐ A. APARTMENT, HOUSE, MOBILE HOME, MOBILE HOME LOT, OR DUPLEX — 100%							
☐ B. BOARDING HOME / RESIDENTIAL CARE — 50%							
☐ C. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%							
☐ D. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100%							
☐ E. LOW INCOME HOUSING — 100% (Rent cannot exceed 30% of total household income.)							
F. SHARED RESIDENCE — If you shared your residence with relatives and/or friends (other than your spouse or children under 18), enter the appropriate percentage of your home you occupied.						8	%
9. Net rent paid. Multiply Line 7 by the percentage on Line 8. ENTER HERE AND IN THE BOX ON FORM MO-PTS, LINE 12 OR FORM MO-PTC, LINE 10.						9	00